

**JOINT LEGISLATIVE OVERSIGHT COMMITTEE
ON HEALTH AND HUMAN SERVICES**



**Summary Report on SFY 2014
North Carolina Statewide
Telepsychiatry Program Funds**

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Director, Office of Rural Health and Community Care

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Acknowledgements



- Governor McCrory and the North Carolina General Assembly
- The Duke Endowment
- East Carolina University Center for Telepsychiatry and e-Behavioral Health

The program has had positive outcomes for North Carolina and created the opportunity to integrate ORHCC, DMA, MHDDSA, State-operated facilities and external partners.

Background



ED Access to Mental Health Professionals

Patients placed under involuntary commitment are taken to emergency departments (EDs) for an assessment

However, many ED physicians do not have adequate training to conduct a proper assessment

Average length of stay is between 48 and 72 hours

North Carolina Statewide Telepsychiatry Program (NC-STeP) was created to enable patients in rural areas to have a remote consultation with a psychiatrist

DHHS Office of Rural Health and Community Care has contracted with the East Carolina University Center for Telepsychiatry and e-Behavioral Health to implement these services into NC hospitals



TELEPSYCHIATRY

Delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way, real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site.

Image credit: Sheila Davies, MedAccess Partners, LLC
Photographer: Richard Muldez



- Monarch
 - Novant Health
-
- ★ Live by June 30, 2014
 ● Go-Live date occurred between July 1 and August 31, 2014
 ▲ Go-Live date proposed on or after September 1, 2014

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Funding



State Appropriations



\$2 million
in recurring funds



Essential to
create statewide
telepsychiatry initiative

The Duke Endowment



\$1.5 million
awarded SFY 2014;
disburse SFY 2015 and 2016



Add 18 referring sites
Collect & share best practices
Assist ORHCC with admin. costs

Performance Measures



EVALUATION CRITERIA	BASELINE at 10/01/2013	DHHS TARGET by 06/30/2014	ACTUAL RESULT by 06/30/2014
INCREASE PARTICIPATING CONSULTING PROVIDERS	12	20	21
INCREASE OVERTURNED INVOLUNTARY COMMITMENTS	300	336	374
INCREASE TELEPSYCHIATRY REFERRING SITES	14	30	30
PROVIDE EVALUATION AND CARE TO INVOLUNTARY COMMITMENT PATIENTS	556	834	1,465
REDUCE AVERAGE LENGTH OF STAY FOR ALL PATIENTS WITH A PRIMARY MENTAL HEALTH DIAGNOSIS	48 hours	18 hours	24.6 hours

- Patient satisfaction will be collected once the Telepsychiatry Web Portal is operational.
- Program has been successful in significantly reducing average length of stay by 50%, and will continue to work toward the target measure

Site Visit Results



- High provider and staff satisfaction with NC-STeP
- Current focus areas
 - Physician credentialing
 - Length of stay due to placement and disposition
 - Availability of service (operating hours)
 - Broadband connectivity

Financial Report



BUDGET SFY 2014

- Only \$595,743 spent during SFY 2014
- Carryover approved for \$1,404,257

FUNDING SOURCES SFY 2015

- \$1.4 million from State carryover
- \$2 million from State appropriations
- \$725,000 from The Duke Endowment

BUDGET DETAIL

CATEGORY	NARRATIVE	BUDGETED FOR YEAR 1	ACCRUED IN YEAR 1	BUDGETED FOR YEAR 2
CAPITAL EQUIPMENT	Telepsychiatry Equipment	\$403,000	\$0	\$ 939,854
OPERATING EXPENSES	Provider Support, Billing, Travel, etc.	\$700,122	\$462,115	\$1,367,736
STAFFING	Employee Salaries / Wages	\$133,628	\$133,628	\$ 357,999
TELEPSYCHIATRY WEB PORTAL	NC-STeP Web Portal / Health Information Exchange	\$763,250	\$0	\$1,463,668
TOTAL		\$2,000,000	\$595,743	\$4,129,257

Key components delayed until Year 2, including Web Portal. Equipment was ordered, but invoices did not arrive until July 2014. The Telepsychiatry Web Portal and Equipment are one-time, non-recurring expenses.

Next Steps & Recommendations



SFY 2015

Implementation Phase

- Create Telepsychiatry Web Portal
- Implement 18 additional referring sites
- Best practice information dissemination
- Credentialing providers with LME-MCOs and exchanging mental health data

SFY 2016

Continued Implementation

- Continue credentialing providers with LME-MCOs
- Implement and maintain Telepsychiatry Web Portal
- Explore redirecting funding for telebehavioral health initiative to integrate outpatient services

SFY 2017

Sustainability Phase

- Finish NC-STeP implementation
- Ongoing maintenance and sustainability redesign for NC-STeP

Integrated Telebehavioral Health Outpatient Services

- **Support the primary care safety net system with increased access to behavioral health services**
 - **Community Health Centers (FQHCs), Rural Health Clinics, Local Health Departments, and Free Clinics**
- **Allow all behavioral health disciplines to work at the top of their licenses, preventing unnecessary costs**
- **Do not further exacerbate workforce shortages**
- **Link to LME-MCO to avoid duplication of services and ensure access to enhanced specialty mental health services**

Thank You

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Director

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